



PROMPT LEGAL SERVICES

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This form provided by _____ Date : ___/___/201__

This form Returned on Date : ___/___/201__

INSTRUCTIONS FOR FINANCIAL POWER OF ATTORNEY

Principal (Person giving the power):

NAME:	
ADDRESS:	
OCCUPATION:	
PHONE NUMBER:	

- If you have previous Powers of attorney, are they to be revoked? Yes No None exist
- Is the Power of Attorney to be Enduring (ie Endure past you loosing mental capacity)? Yes No
- When can the attorney(s) start making decisions? Immediately Loss of Mental Capacity Other

ATTORNEY 1 (Person receiving the power):

NAME:	
ADDRESS:	
RELATIONSHIP:	
OCCUPATION:	

Type of Power (Tick one only) Personal Matters Financial Matters
 Specific _____ Anything

ATTORNEY 2 (If any):

NAME:	
ADDRESS:	
RELATIONSHIP:	
OCCUPATION:	

Type of Power (Tick one only) Personal Matters Financial Matters
 Specific _____ Anything

ATTORNEY 3 (If any):

NAME:	
ADDRESS:	
RELATIONSHIP:	
OCCUPATION:	

Type of Power (Tick one only) Personal Matters Financial Matters
 Specific _____ Anything